

INSTRUCTIONS ON COMPLETING APPLICATION

The court clerk will give you these numbers. Use them on all forms you file later.

Case No. _____
Dept. No. _____

IN THE JUSTICE COURT OF HENDERSON TOWNSHIP
COUNTY OF CLARK, STATE OF NEVADA

Your full name

Full name of the
person(s) you
want the order
against

Applicant(s),
vs.

APPLICATION FOR ORDER FOR
PROTECTION OF CHILDREN
(NRS 33-400)

Adverse Party(s).
(must be Age 18 or older).

ORDER FOR PROTECTION OF CHILDREN - In addition to any other remedy provided by law, the parent or guardian of a child may petition any court of competent jurisdiction on behalf of the child for a temporary or extended Order against a person who is 18 years of age or older and who the parent or guardian reasonably believes has committed or is committing a crime involving:

- (a) **Physical or mental injury to the child of a nonaccidental nature; or**
- (b) **Sexual abuse or sexual exploitation of the child. (NRS 33.400)**

PLEASE TYPE OR PRINT CLEARLY.

COMPLETE THE APPLICATION TO THE BEST OF YOUR KNOWLEDGE.

Check one
box

I am applying for protection (check all that apply):

- ☐ For my minor child
- ☐ For my ward
- ☐ For my minor child and other person(s)
- ☐ For my ward and for other person(s)

Form C-3 Application for Order for Protection Against Stalking,
Aggravated Stalking or Harassment (NRS 200.591)

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Applicant states the following facts under penalty of perjury:

I reasonably believe that the Adverse Party has committed and/or is committing the crime of
against a child as defined above. The acts occurred as follows:

**(NOTE: BE SPECIFIC AS TO WHO COMMITTED WHAT ACT OR ACTS, AGAINST WHOM,
WHEN, WHERE, WHETHER COMMITTED OR THREATENED; INDICATE APPROXIMATE
DATE(S) AND LOCATION(S).)**

THIS FORM IS A PUBLIC RECORD

This is the
most important
part of your
Application.
This
information
will explain to
the judge why
an order is
needed. Give
details of the
most recent
incidents

If you need
more space,
request a
Continuation
Page

**NOTE: PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES;
CHECK BOX IF YOU ARE USING ADDITIONAL PAGES.**

☐ **Check if you use a continuation page (to be incorporated by reference)**

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A report to law enforcement may be useful to the judge. However, filing a criminal report is not required

If you check yes, fill in the information as requested

Has this matter been reported to law enforcement or child protective services?

☐ Yes ☐ No

If yes, approximate date(s):

Name of law enforcement agency:

Case/Event number if known:

(IF YOU HAVE ONE AVAILABLE, PLEASE ATTACH A COPY OR BRING IT TO THE COURT HEARING.)

For purposes of this form, a "TPO Action" is defined to include the following **Justice Court** actions:

- (1) An Order for Protection Against Stalking and Harassment (NRS 200.591);
- (2) An Order for Protection of Children (NRS 33.400);
- (3) An Order for Protection Against Harassment in the Workplace (NRS 33.270). A

"TPO Action" is also defined to include the following **Justice/Family/District Court** action:

- (a) An Order for Protection Against Domestic Violence (NRS 33.020)

Please Check the Appropriate Box Below:

☐ In the last 2 years, Applicant or any party seeking protection has not filed a TPO action against the Adverse Party anywhere in the State of Nevada, and the Adverse Party has not filed a TPO action against Applicant or any party seeking protection anywhere in the State of Nevada.

☐ In the last 2 years, the following TPO action(s) in the State of Nevada have been filed involving Applicant and the Adverse Party:

Case # (if known)	Court (Justice/Family)	Place of Filing	Approx. Date Filed	Outcome (TPO granted, denied, rescinded, etc.)

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Complete
either Section
not both

If you check yes, fill in the information as requested

Has the adverse Party ever been involved in any other relevant Court actions (e.g.)
eviction, divorce, custody, criminal, etc)?
[] Yes [] No. If yes, please explain: _____

Applicant must be at least 18 years of age. If not 18 years of age, consult with the Clerk.

1. a) Applicant's Name Age

(Last) (First) (Middle)
- b) Protected Minor's Name Age

(Last) (First) (Middle)
- c) Protected Minor's relationship to Applicant: _____
Protected Minor's relationship to Adverse Party: _____
- d) Applicant's relationship to Adverse Party: _____
- e) Provide names below of those for whom you are seeking protection, including yourself, minors or household members that need this protection. Indicate the relationships of all persons listed to yourself and to the Adverse Party (e.g., spouse, intimate partner, friend, roommate, neighbor, relative, acquaintance, co-worker, stranger):

List any other individuals who should be protected

NAME OF OTHERS SEEKING PROTECTION	AGE	RELATIONSHIP TO PROTECTED MINOR	RELATIONSHIP TO ADVERSE PARTY

Explain why protection is needed for the individuals listed above:

(NOTE: YOUR APPLICATION WILL NOT BE DENIED BASED UPON A PARTICULAR RELATIONSHIP. HOWEVER, DEPENDING UPON YOUR RELATIONSHIP, YOU MAY ALSO BE ELIGIBLE TO APPLY FOR AN ORDER OF PROTECTION AGAINST DOMESTIC VIOLENCE PURSUANT TO NRS CHAPTER 33.)

2. Has the minor and the Adverse Party ever lived together? ☐ Yes ☐ No

If so, for how long? -----

3. Is anyone listed above living with the Adverse Party now? ☐ Yes ☐ No

If so, who? -----

4. Are there children involved? ☐ Yes ☐ No If so, how are they involved?

5. Residence(s) where protection is needed:

☐ CONFIDENTIAL (*If confidential, check and move to the next question*) or,

☐ If not confidential, list address, city, state and zip code:

6. Place(s) of employment where protection is needed:

☐ CONFIDENTIAL (*If confidential, check and move to the next question*) or,

☐ If not confidential, list name, address, city, state and zip code:

Answer
these
questions
yes or no

List
residence
(unless
confidential)

Note: If you
check
Confidential it
might limit law
enforcement's
ability to
enforce the
order.

7. Location of school(s) where protection is needed:

☐ CONFIDENTIAL (*If confidential, check and move to the next question*) or,

☐ If not confidential, list name, address, city, state and zip code:

8. Other specific locations frequented where protection is needed (i.e., sports, extra-curricular activities, church, employment, after-school activities, etc.):

☐ CONFIDENTIAL (*If confidential, check and move to the next question*) or,

☐ If not confidential, list name, address, city, state and zip code:

9. If there are persons other than those listed on page 4 that the Adverse Party should be directed not to contact, please name the individuals and explain why these precautions are needed: _____

10. If there are any other safety concerns that the Court should know (e.g., firearms, etc.), please briefly explain:

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List any schools attended minor you are applying for (unless confidential)

These are places you go often or regularly, like church or a relative's house (unless confidential)

RELIEF REQUESTED

THEREFORE, I REQUEST that a Temporary Order be issued against the Adverse Party requiring the Adverse Party to refrain from contacting, intimidating, threatening or otherwise interfering with me and/or other persons identified in this application, either directly or through an agent.

I FURTHER REQUEST that the Court require the Adverse Party to stay away from the places listed above.

I FURTHER REQUEST the following other conditions:

(NOTE: IF GRANTED AND SERVED, A TEMPORARY ORDER MAY BE ENFORCED FOR UP TO 30 DAYS, EXCEPT THAT IF AN EXTENDED ORDER IS REQUESTED, THE TEMPORARY ORDER REMAINS IN EFFECT UNTIL THE HEARING ON THE EXTENDED ORDER IS HELD BY THE COURT. IF GRANTED AND SERVED, AN EXTENDED ORDER MAY BE ENFORCED FOR UP TO ONE YEAR.)

I ACKNOWLEDGE that if I wish to apply for an Extended Order of Protection, I must wait until 3 weeks after the date the Temporary Order is filed before a Motion to Extend can be filed with the Court.

I ACKNOWLEDGE that an Extended Order may only be granted after notice of the petition for the Order and of the Hearing thereon is served upon the Adverse Party pursuant to the Rules of Civil Procedure, and a hearing is held on the petition.

**DECLARATION
(NRS 53.045)**

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF NEVADA THAT: (1) I AM THE APPLICANT HEREIN, (2) I HAVE READ THE STATEMENTS CONTAINED HEREIN OR HAVE HAD THEM READ TO ME, (3) I BELIEVE THESE STATEMENTS TO BE TRUE, AND (4) THE REQUESTED ORDER IS NEEDED.

Dated: _____

APPLICANT'S SIGNATURE

PRINT NAME

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If you
need
relief not
listed
above,
please list
here

Sign the
Application

Date the
Application

DISCLAIMER

The information contained in this packet is provided as a **reference guide** to victims, law enforcement personnel, health care providers, social service personnel, and the general public. If you need more information about your rights and remedies, you are encouraged to consult an attorney.